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PTO/SB/05 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
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□ Under the Paperwork Reduction Act of 1995, no persons are required to respond to a Attorney Docket No. UTILITY 56733

PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

First Inventor or Application Identifier Shafik Aasef M Title TOILET ACCESSORY KIT Express Mail Label No. hand carried

Al	PPLICATION ELEMENTS		Assistant Commissioner for Patenta					
See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Box Patent Application Washington, DC 20231					
2. X Spe	ee Transmittal Form (e.g., PTO/SB/17 bmit an original and a duplicate for fee proce ecification [Total Pages	ssing)	Microfiche Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission					
	elerred arrangement set forth below)	الـــــــــا	(if applicable, all necessary) a. Computer Readable Copy					
	escriptive title of the Invention	_	a. Computer Nazazak Copy					
1	ross References to Related Application tatement Regarding Fed sponsored R		b. Paper Copy (identical to computer copy)					
1	eference to Microfiche Appendix	.	c. Statement verifying identity of above copies					
√Ba	ackground of the Invention		ACCOMPANYING APPLICATION PARTS					
	rief Summary of the Invention		8. Assignment Papers (cover sheet & document(s))					
	rief Description of the Drawings (if filed)	` ` ` ` `					
	etailed Description laim(s)		9. 37 C.F.R.§3.73(b) Statement (when there is an assignee) Power of Attorney					
,			10. English Translation Document (if applicable)					
	bstract of the Disclosure awing(s) (35 U.S.C. 113) [Total Sheet	4 1	11. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 X Citations					
4. Oath or D	Declaration [Total Page	s 1)	12. Preliminary Amendment					
	X Newly executed (original or copy)	<u> </u>	13. Return Receipt Postcard (MPEP 503)					
	Copy from a prior application (37		(Should be specifically itemized)					
b. [_	(for continuation/divisional with Box 17	completed)	Statement filed in prior application,					
	[Note Box 5 below: DELETION OF INVENTOR(S		(PTO/SB/09-12) Status still proper and desired					
	Signed statement attache	d deleting	15. Certified Copy of Priority Document(s)					
ŀ	inventor(s) named in the pr		(if foreign priority is claimed)					
5. Incor	see 37 C.F.R. §§ 1.63(d)(2) reporation By Reference (useable if Box 4)		16. Other:					
The	entire disclosure of the prior application	n, from which a						
	of the oath or declaration is supplied idered to be part of the disclosure of the		FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT					
	ication and is hereby incorporated by re							
			upply the requisite information below and in a preliminary amendment:					
1 —		nuation-in-part (C						
Prior ep	oplication information: Examiner		Group / Art Unit:					
		RESPONDE	NCE ADDRESS					
	: 4.0 4.1							
Custom	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)							
Name	Dennis H. Lambert							
	Dennis H. Lambert & Associates							
Address	7000 View Park Drive							
Address								
City	Burke State		Virginia Zip Code 22015					
Country	USA	Telephone	(703) 451-1227 Fax (703) 451-1297					
Name (Print/Type) Dennis H. Lambert O Registration No. (Attorney/Agent) 25017								
Signatun		5 V.	Deto 3/31/00					

Burden Hour Statement: This form is astimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

	Complete If Known			
FEE TRANSMITTAL	Application Number		•	
Palent lees are subject to annual revision on October 1.	Filing Date	Concurrently herewith		
These are the fees effective October 1, 1997.	First Named Inventor	Aasef M. Shafik	•	
nell Entity payments <u>must</u> be supported by a small entity statement, herwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name		•	
See 37 C.F.R. §§ 1.27 and 1.28.	Group / Art Unit		-	

101XE AMOUNT OF FATMENT (\$) 395.00)	Attor	ney (Docket	No.	56733	3	
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Larg Fee		y Smi	AL FE		Fee D	escription	Fee Paid
Account Number	105	130	205	65	Surcha	rge - late fi	ling fee or oath	
Deposit Account Name	127	50	227	25	Surcha cover s		rovisional filing fee or	
Charge Any Additional Charge the Issue Fee Set In	139	130	139	130	Non-Er	nglish spec	ification	
Fee Required Under 37 C.F.R. § 1.18 at the Malling of the Notice of Allowance	147	2,520	147	2,520	For filin	For filing a request for reexamination		
	112	920*	112	920°	Reques	ating public ner action	ation of SIR prior to	
2. X Payment Enclosed: X Check Order Other	113	1,840	113	1,840	Reques		ation of SIR after	
	115	110	215	55			y within first month	
FEE CALCULATION	118			200	Extensi	ion for reph	y within second month	
1. BASIC FILING FEE	117			475	Extensi	ion for reph	y within third month	
Large Entity Small Entity	118	1,510	218	755	Extensi	ion for reph	within fourth month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	128	2,060	228	1,030	Extensi	ion for reph	within fifth month	
101 790 201 395 Utility filing fee 395 00	119	310	219	155	Notice	of Appeal		
106 330 208 165 Design filling fee	120	310	220	155	Filing a	brief in su	pport of an appeal	
107 540 207 270 Plant filing fee	121	270	221	135	Reques	st for oral h	earing	
108 790 208 395 Reissue filing fee	138	1,510	138	1,510	Petition	to institute	a public use proceeding	
114 150 214 75 Provisional filing fee	140	110	240	55	Petition	to revive -	unavoldable	
SUBTOTAL (1) (\$) 395.00	141	1,320	241	660	Petition	to revive -	unintentional	
2. EXTRA CLAIM FEES	ŧ	1,320			Utility is	ssue fee (o	r reissue)	
Fee from Extra Claims below Fee Paid	143			225	Design	issue fee		
Total Claims 20 -20** = 0 X =	144	670	244	335	Plant la	sua fea		
Independent 3 - 3 = 0 x =	122	130	122	130	Petition	s to the Co	mmissioner	
Multiple Dependent =	123	50	123	50	Petition	Patitions related to provisional applications		
or number previously paid, if greater, For Reissues, see below	126	240	128	240	Submis	sion of Info	ormation Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40			atent assignment per mber of properties)	
103 22 203 11 Claims in excess of 20	148	790	246	395	Filing a	submissio	n after final rejection	
102 82 202 41 Independent claims in excess of 3	149	790	249	395	-	R 1.129(a))		
104 270 204 135 Multiple dependent claim, if not paid	'''	,		-			If invention to be R 1.129(b))	1
109 82 209 41 [™] Reissue independent claims over original patent	Other	fee (sp	ecify)					
110 22 210 11 ^{co} Relssue claims in excess of 20 and over original patent	Other	fee (sp	ecify)					
SUBTOTAL (2) (\$) -0-	Redu	uced by	Basic	: Filing f	Fee Paid	SI	UBTOTAL (3) (\$)	
SUBMITTED BY		Complete (if applicable)				able)		
Typed or					See Number			
Printed Name Dennis H. Lambert				,			Reg. Number 25	017
Signature Denicular			7	Date	3/31	198	Deposit Account	

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